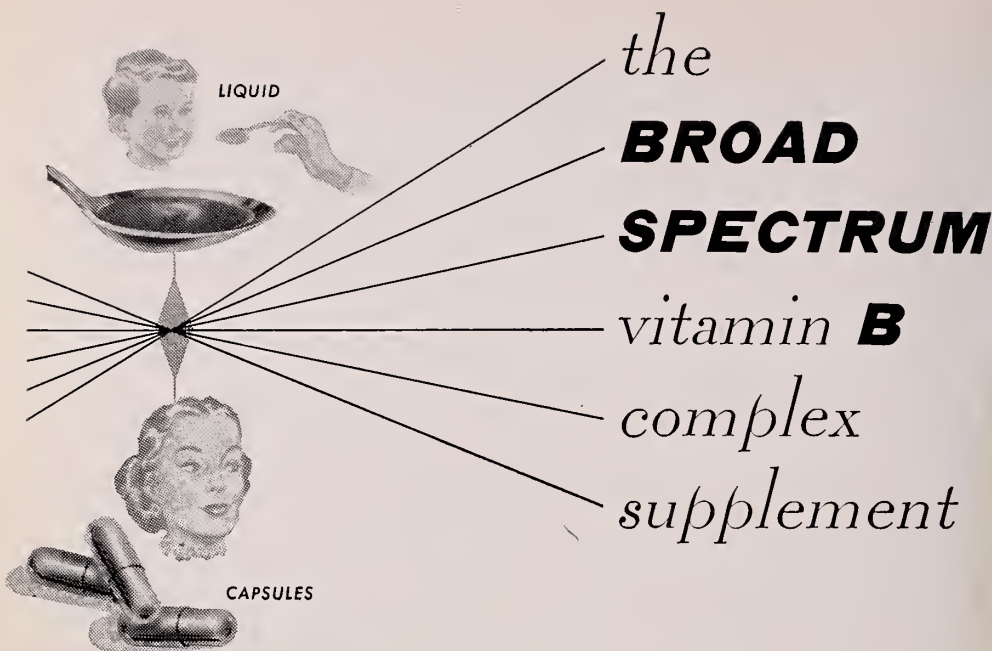


HARVARD MEDICAL ALUMNI BULLETIN

June, 1958



*"The World's Most
Perfect Human Skeleton"*



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Harvard Medical Alumni Bulletin

VOLUME 27

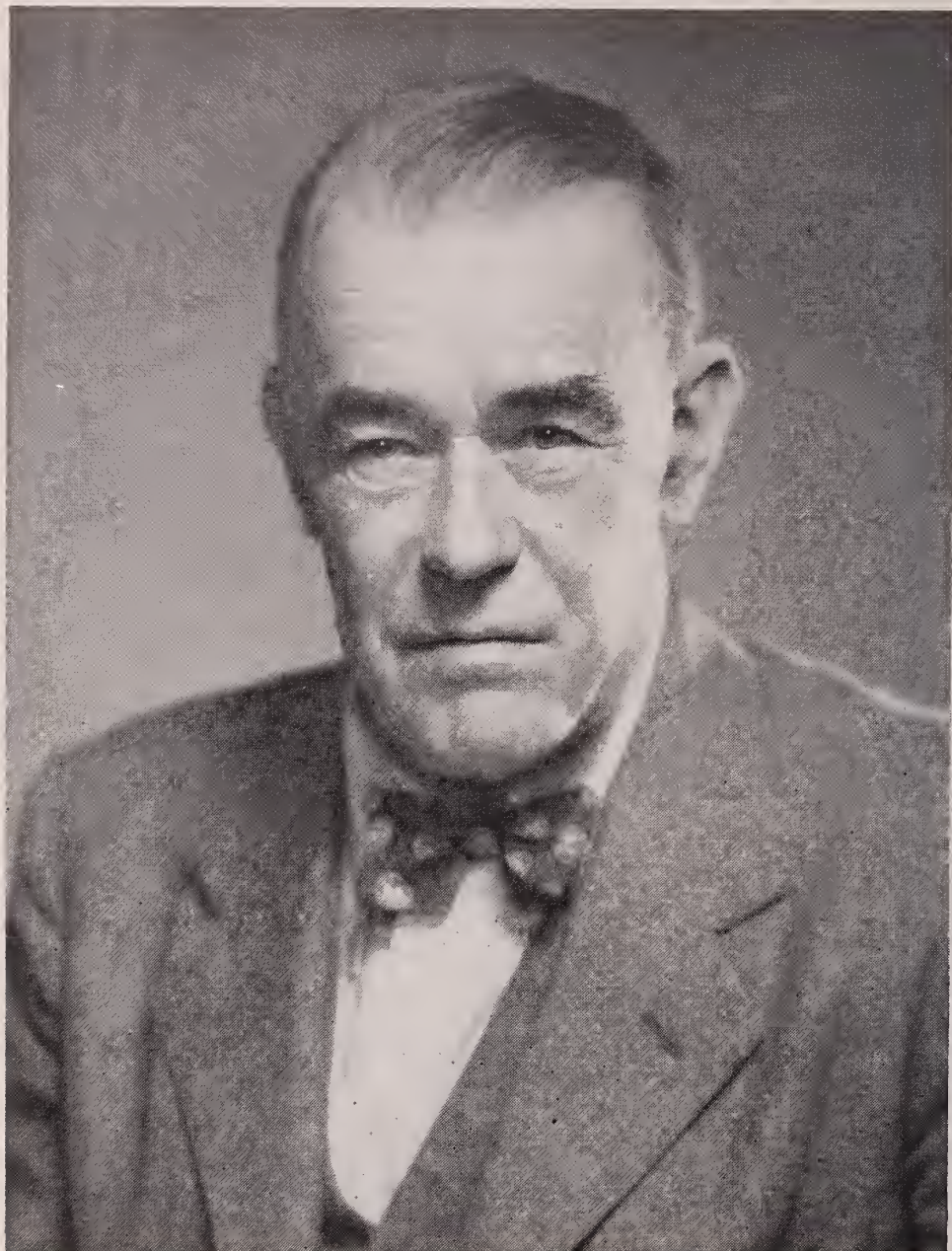
JUNE 1953

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Fabian Bachrach

Reginald Fitz

1885-1953

His many friends were saddened by the sudden death of Reginald Fitz '09 on the eve of Alumni Day, May 27. The exercises on both Alumni Day and Class Day in which he always took such a keen interest were held as usual. This was as he would have wished it.

The BULLETIN can publish no more fitting tribute than the following which appeared in the 1953 Aesculapiad just prior to Dr. Fitz's death.

From time to time there appears an individual who is able to bridge the gap between successive generations, and to use the past for the aid and comfort of the present. Reginald Fitz is such a person. By birth, early education and his own inclination he is Boston and Harvard; by training and experience he is admirably prepared to understand modern medicine and modern medical education; by temperament and understanding he is admirably adapted to communicate with students.

He was born in 1885, in Boston to a family of medical distinction. He entered Harvard College in 1902, beginning a devoted association that has continued without significant interruption to the present. He was A.B. Harvard, 1906 and M.D. 1909. After graduation he was successively a House Pupil at the Massachusetts General Hospital, an assistant at the Johns Hopkins Hospital, an Assistant Resident at the Peter Bent Brigham Hospital, an Assistant Resident at the relatively new and very impressive Rockefeller Hospital; he had two years in the Army (Base Hospital No. 5, the Harvard Hospital) and then Resident at the Massachusetts General Hospital. From Resident he made what he would now refer to as a jump bid—he likes bridge—and became attached to the Mayo Clinic and a Professor of Medicine in the University of Minnesota.

He came back, though; the pull of Harvard was strong, and from 1922 to 1936 he was an Associate Professor of Medicine at Harvard, based happily at the Brigham. From 1936 to 1939 he was Professor of

Medicine at Boston University, and soon after that come to his indispensable usefulness in the Harvard Medical School Administration. Add that he was the Historian of the Harvard Medical School, a builder and supporter of the Library, the Marshal of the University. Add that he was a more than generous public servant, laboring for twenty-one years on the American Medical Association Council on Medical Education and Hospitals, as an active member of editorial boards, as the President of many organizations, including the Massachusetts Medical Society and the American College of Physicians. *And* he was in practice.

Well, the background and experience were there. But background and experience are not enough unless they are accessible and communicable, and here we come to the heart of the matter. Dr. Fitz as Assistant Dean interpreted the open-door policy quite literally. The door was physically as well as spiritually open. Dr. Fitz was easy to find, responsive to problems, thoughtful in advice, and never meddlesome. His vast experience in medicine and medical education, the firmness of his roots in the history of medicine, his knowledge of, and devotion to, the University were a foundation for the quality of his advice. But his effectiveness as a counselor was based on something equally indispensable, and that was his devoted interest in the students as individuals and his concern for them as the component units of the medicine of the future. By his immediate and practical help to students he is an aid not only to their lives in the Harvard Medical School but also to their whole future. It is no wonder that the Class of 1953 enthusiastically and unanimously desired to dedicate this volume to their wise and friendly mentor, Doctor Reginald Fitz.

C. SIDNEY BURWELL

“The World’s Most Perfect Human Skeleton”

GEORGE B. WISLOCKI, M.D. AND EDWARD A. EDWARDS, M.D.

The following correspondence aroused us to investigate a skeleton alleged to be the world’s most perfect and reputed to be in the possession of the Harvard Medical School.

THE FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

AMERICAN EMBASSY

Lisbon, Portugal

December 27, 1951

Prof. Donald Scott
Director, Peabody Museum of
Archaeology and Ethnology
Harvard University
Cambridge, Mass.

Dear Mr. Scott:

I am taking the liberty of soliciting your aid in the following matter: two previous letters (the more recent dated October 24, 1951) have been directed to Dr. Carroll M. Williams, at the University, requesting his aid in a vital matter and since no answer has been received, I fear the letters must have strayed. I bring you up to date, therefore, on their content.

Dr. João da Silva, one of the leading sculptors in Portugal, has been commissioned by the Lisbon Academy of Fine Arts, to publish in book form a treatise entitled, *The Man and the Horse in Art*. In collecting material for this volume, he desires to obtain two photos of the perfect human skeleton which is in the possession of Harvard University, and reputedly the world’s most perfect skeleton.

Sincerely yours,

(signed) Leroy J. Benoit
Cultural Attaché

January 9, 1952

Mr. Leroy J. Benoit
Cultural Attaché
American Embassy
Lisbon, Portugal

Dear Mr. Benoit:

Your letter of December 27th addressed to Professor Donald S. Scott has been referred to me.

This matter of a “perfect human skeleton” said to be in the possession of Harvard University has been brought to my attention before. Any human skeleton which is in a good state of preservation with all of the bones intact, can be said to be perfect. I know of no skeleton in Harvard University which is “reputedly the world’s most perfect skeleton.” I cannot conceive how any such specimen should be so classified.

I think you should inform Dr. da Silva that so far as we are aware, Harvard possesses no skeleton which it claims to be the “world’s most perfect”. It is therefore, impossible to comply with his request.

Sincerely yours,

(signed) Earnest A. Hooton
Chairman
Dept. of Anthropology
Harvard University

THE FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

AMERICAN EMBASSY

Lisbon, January 15, 1952

Prof. Earnest A. Hooton
Chairman, Dept. of Anthropology
Harvard University
Cambridge, Mass.

Dear Professor Hooton:

Further reference my letter of December 27, 1951 (addressed to Professor Donald S. Scott) and your reply January 9, 1952.

I regret that my letter did not give sufficient reference to documents validating Dr. da Silva’s request. The assertion that Harvard University possesses a human skeleton which is “reputedly the world’s most perfect skeleton” does not come from Dr. da Silva. He had encountered reference to this aesthetic judgment in a volume which he considers the most authoritative of its kind, and he was therefore

anxious to examine, by photos, the skeleton in question. The book is entitled *Esthétique des Proportions dans la Nature et dans les Arts* by Matila C. Ghyka (Gallimard, Paris, third edition, 1927, 1 volume pp. 452). He indicates to me that the volume may now be out of print; if so, I reproduce for your information the pages relating to the matter at hand (op. cit. p. 260):

"... Hambidge eut la bonne fortune de tomber sur un squelette masculin acquis jadis à Paris par la Faculté de Médecine d'Harvard et qui, tout en ayant appartenu à un individu magnifiquement sain présente justement un thème dynamique à la fois très original et facile à étudier."

"La planche 55, fig. 1, (in the work of Ghyka) représente une projection de ce squelette vu de face, bras étendus, et la figure 2 sa projection de profil; la planche 56 représente en perspective cavalière un bloc parallépipédique encadrant le squelette et sur lequel on a marqué les différents rectangles verticaux déterminés par les lignes remarquables naturelles."

In review then, it is this masculine skeleton formerly acquired in Paris by the Harvard Faculty of Medicine, referred to above, of which Dr. da Silva requires photographs. If such a skeleton as described is in the possession of the University, Dr. da Silva would appreciate receiving the photos, with dimensions as stated in my letter of December 27, 1951.

Sincerely yours,

(signed) Leroy James Benoit
Cultural Affairs Officer

HARVARD UNIVERSITY
DEPARTMENT OF ANTHROPOLOGY
Peabody Museum
February 5, 1952

Dr. George B. Wislocki
25 Shattuck Street
Boston, Mass.

Dear Dr. Wislocki:

Herewith, is enclosed a correspondence

with a United States cultural attaché at Lisbon... He is seeking for a Portuguese sculptor some photographs of a skeleton alleged to be at Harvard Medical School and stated to be the "world's most perfect skeleton." You will note that the whole thing seems to me to be an absurdity and that it is only after some time that I have been able to ascertain that this so-called "perfect" skeleton is said to be at the Medical School....

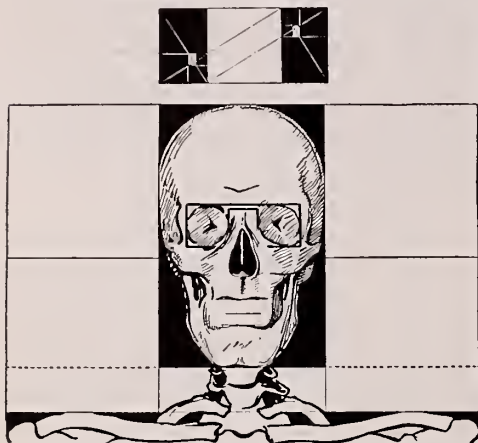
Cordially yours,
(signed) Earnest A. Hooton

No one presently in the Harvard Medical School seemed to be familiar with "the perfect human skeleton" referred to in the correspondence between the cultural attaché in Lisbon and Professor Hooton. However, reference to the book of Matila C. Ghyka, cited in Benoit's letter, and available in the library of the Fogg Museum of Arts led at once to a Mr. Jay Hambidge who in 1919 established an illustrated monthly magazine, called *The Diagonal*, "devoted to the explanation of the rediscovered principles of Greek design, their appearance in nature and their application to the needs of modern art" (comprising 1 volume of 12 numbers published by Yale University Press, 1919). In this magazine, written entirely by Mr. Hambidge, a series of articles appeared upon the "Elements of the Dynamic Symmetry of the Human Figure," based upon extensive studies which he carried out on a skeleton in the Harvard Medical School. In the first issue of the *Diagonal* a general description of the Harvard skeleton was given (figs. 1 and 2) and in subsequent numbers analyses were presented of the proportions existing within various subdivisions of this skeleton.

Mr. Hambidge wrote as follows: "In the Museum of the Harvard Medical School, at Boston, there is the complete skeleton of a man. It is called a typical male skeleton. However, it is not in any sense typical, indeed, very much the contrary. The subject was prepared and mounted in Paris by a well-known expert. In life the

THE DIAGONAL

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EDITED BY JAY HAMBIDGE



FRONT ELEVATION OF A SKULL FROM THE HARVARD MEDICAL SCHOOL
See article on the Human Figure in this number of *The Diagonal*.

NO. 1 NOVEMBER, MDCCCXCX VOL. 1

PUBLISHED MONTHLY FOR JAY HAMBIDGE BY YALE UNIVERSITY PRESS
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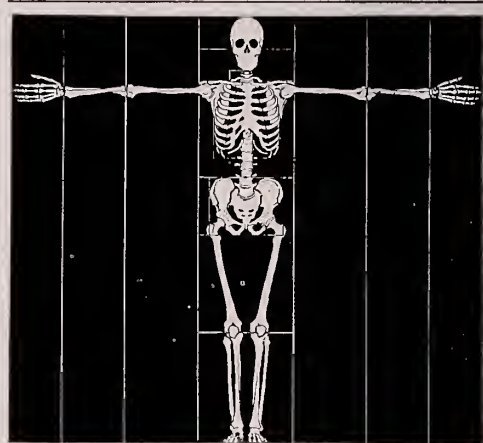
FIG. 1. Cover of the first issue of the *Diagonal*.

man must have been nearly six feet high and strongly individualized. His arms are unusually long and the hands are large, so that his great span, middle finger tip to middle finger tip with arms outstretched, with his full height, makes a double root-five rectangle. The side elevation of the skull is handsome. Every bone and almost all the teeth (sic!) are perfect. The great span ratio or index for the average man, which is determined by dividing the height into the span, is, according to actual measurements of thousands of individuals, 1 to 1.045. The span ratio of this subject is 1 to 1.118. This is the ratio of a rectangle which was used repeatedly by Greek artists, as is shown by some of the finest examples of design which have survived. . . .

On the basis of Mr. Hambidge's account and drawings (figs. 1 and 2) a search was made for this skeleton. The search was extended to the Warren Museum with the assistance of Mr. Harry Fallon, the museum custodian, and a male skeleton was found (figs. 3 and 4) which

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EDITED BY JAY HAMBIDGE



See article on the Human Figure in this number of *The Diagonal*.

NO. 4 FEBRUARY, MDCCCXCX VOL. 1

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FIG. 2. Cover of the fourth issue of the *Diagonal*.

conformed in every respect to the figures and text presented by Hambidge, leaving no doubt as to its identification. This was entered in the 1870 catalogue of the museum as having been acquired in 1858 in Paris, but who actually purchased it for the Museum is not recorded.

Further investigation revealed that Mr. Hambidge was a recipient in 1919 of a Sachs Research Fellowship in Harvard University, which was founded by Samuel Sachs of New York City "to be assigned to scholars of proved ability, whether students, instructors, or others, for the general purpose of advancing the Fine Arts". In the first issue of the *Diagonal*, Mr. Hambidge remarked that "the acknowledgement of this aid is but a faint expression of the writer's appreciation of the benefits enjoyed from a fellowship of a type all too rare in American Universities."

Hambidge, like many others before him, sought to illuminate the question of aesthetic beauty in both art and nature by an

inquiry into the proportions of beautiful objects. From study of Greek vases, monuments, and statues, as well as of shells and the human skeleton he derived a theory which he designated as "dynamic symmetry." According to this concept, Greek works of art, which he regarded as the world's most beautiful, and many natural objects having pleasing shapes could be analyzed and related to one another more exactly, he believed, on the basis of geometrical proportions than by the use of linear ratios. All such objects possessed proportions which, he thought, could only be clearly analyzed in terms of certain rectangles derived geometrically from the square. These comprised "root rectangles" (with ratios between their sides of the square roots of 2, 3 and 5 to 1 and a rectangle related to that of the square root of 5 (with a ratio between its sides of 1.618:1), which he designated as the "rectangle of the whirling squares". Hambidge has placed a square root of 5 rectangle, subdivided into a square flanked by two "whirling square rectangles", above the representation of the human skull on the cover of the first issue of the *Diagonal* (fig. 1). By successively applying a reciprocal to the reciprocal, a series of squares (four each in the black rectangles of fig. 1) is produced which diminishes in size in a logarithmic spiral ("whirling squares"). According to Hambidge the human skeleton, Greek vases and other objects can be significantly analyzed in terms of the rectangles which he has selected. Matila Ghyka, in her book (*Esthétique des Proportions*, etc.) referred to by Dr. da Silva and Cultural Affairs Officer Benoit, states that Hambidge had the good fortune to discover in his measurements of the Harvard skeleton an harmonic rhythm related to certain "dynamic" rectangles.

Hambidge believed that his geometrical analysis of proportions explained the secret of all Greek art, and he developed his theme in a book entitled "Dynamic Symmetry: the Greek Vase" (Yale University Press, 1920). He maintained that the

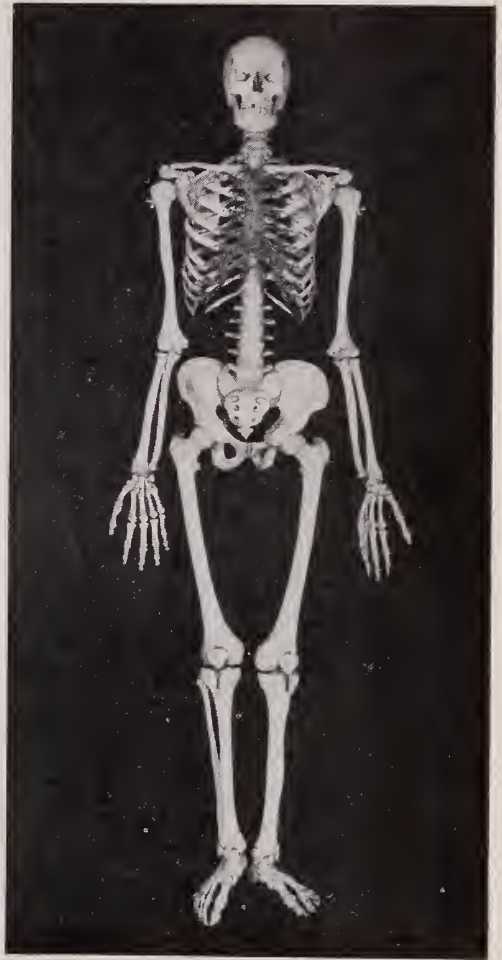


FIG. 3. Front view of the "perfect" male human skeleton in the Warren Museum of the Harvard Medical School.

Greeks surrounded themselves with the noblest creations of design and "that everything that entered their life, from a frying pan to a temple, was a reminder of the enduring quality of beauty." Indeed, in the *Diagonal* he described and illustrated a sixth century B. C. bronze frying pan, explaining that it furnished "a design theme in a perfect whirling square rectangle."

As culled from the pages of the *Diagonal*, which Hambidge edited, the reception of his ideas seems to have been mainly favorable. The *Manchester Guardian* editorialized: . . . "Mr. Hambidge is no



FIG. 4. Side view of Fig. 3.

fool. His key may not unlock such mysteries as Winged Victories of the prime, but he pokes about interestingly among minor cupboards. His first number of the *Diagonal* would be pleasant if only for his quotation of a fascinating passage by Professor A. H. Church on the mathematics of sunflowers. Everyone who has looked into the center of a full-blown sunflower—the place where there are usually two or three preoccupied bees—must have noticed the extraordinary beauty and delicacy of the chased pattern made on a convex surface by the tiny facets of the hundreds of ovaries. Each facet is a rhomboid—Nature is no mere Cubist,—and they

are so placed as to form such an exquisite design in intersecting curves that it is difficult to take the eye away from it. Professor Church has given Mr. Hambidge a lift by showing that in sunflowers there are found to be certain constant proportions between the longer and shorter of these curves—that, in fact, you can state a mathematical basis for this lovely design in a fuller sense than you do when you say how many points there are to a shamrock.” . . .

Mr. Cloudesley Brereton writing on “The true inwardness of Mr. Hambidge’s theory of dynamic symmetry” (J. Roy. Inst. of Brit. Arch., 1920) extolled his contribution in almost rhapsodical prose: “The work of Mr. Hambidge in retrieving one of the most vital principles of all the arts that work in two or more dimensions has liberated a vital sap that will not cease to circulate till it has mounted to some of the topmost branches of human activity.”

Mr. A. L. Southwick, the head of the design department of Tiffany’s, wrote to Mr. Hambidge in similar vein: “Your theory established beyond any possibility of successful controversy that dynamic symmetry exists and that the Greeks used it. It further established, which must be a source of well-earned satisfaction to yourself, that Hambidge did it. To those of us who are learning to use this incomparable aid to elegance and precision, it is an added but welcome obligation.”

The principal supporter of Hambidge’s theory of dynamic symmetry was Mr. L. D. Caskey, Curator of Classical Antiquities at the Boston Museum of Fine Arts, who in 1922 published a book entitled “Geometry of Greek Vases” (Harvard University Press). In this work he gave unqualified endorsement to Mr. Hambidge’s ideas, basing his agreement on a “dynamic” analysis of a large series of Greek vases.

On the other hand, Hambidge’s treatise on the Greek Vase was sharply attacked by Professor Rhys Carpenter in an article entitled “Dynamic Symmetry: A Criticism” (Amer. Journ. Archaeol., 1921,

25, 18-36). Mr. Carpenter questioned whether the analyses in Mr. Hambidge's book were not for the most part "mere adroit manipulation, combined with a mystifying conversion of very simple linear ratios into the guise of root-rectangles" representing the results "of uncritical enthusiasm for geometrical analyses." To illustrate his point he placed side by side Hambidge's "dynamic" analysis of a lecythus at Yale and his own "static" analysis of the same vase. This comparison led him to conclude that "here more than anywhere else lies the key to Mr. Hambidge's ingenious magic," and to emphasize that "a ratio approximating 5:8 has in all ages been a recurring favorite in artistic composition and artistic design. It is the famous divine section or proportion. Somewhere in the neighborhood of that ratio, man has an inveterate tendency to localize his sense for beauty of proportions. For the old potter working with a simple rule, that ratio was a natural one to employ. Continued bisection of his rule would give him 8 parts or 16 parts with which to lay out and measure. It was only to be expected that he should often avail himself of that harmonious division into a little more and a little less than half which $5/8$ or $10/16$ would give him. Wherever he used this ratio, the dynamic analyst will be able to discover 'whirling squares', since $5/8$ is a remarkably close approximation to the division into extreme and mean proportion from which the 'whirling square' rectangle derives its peculiar properties of subdivision."

The swords were crossed, but why Mr. Hambidge did not offer his own rebuttal we do not know. Instead, we learn (Caskey, *Geometry of Greek Vases*) that a reply to Professor Carpenter's article was prepared by Mr. Caskey at Mr. Hambidge's suggestion. This was submitted, according to Mr. Caskey, to the *Journal of Archaeology* but was declined, unread, by the editor. And, since access to that periodical had been denied him, Mr. Caskey revised the introduction to his book "in the hope of throwing some light on the issue."

His rebuttal is too lengthy to allow more than brief quotations. He says: "In short, Mr. Carpenter prefers to return to the Vitruvian¹ method of studying Greek proportions, which, as regards architecture, had long since been abandoned as a hopeless failure, and for that reason perhaps, has never been seriously applied to Attic pottery. My own experiments along this line have not been successful." Caskey then goes on to compare the lecythus chosen by Professor Carpenter with a kantharos of his own selection. "The proportions of the kantharos," he says, "can all be simply and accurately expressed in terms of extreme and mean proportion, i.e., the ratio 1.618, or the whirling square rectangle. This example alone does not prove that Greek potters consciously employed such a scheme, just as the lekythos studied by Mr. Carpenter does not prove the contrary." "But it does seem," Mr. Caskey continues, "to furnish stronger evidence in favor of the theory than his example furnishes against it, and therefore to justify a geometrical investigation of the proportions of Attic pottery. It is unjust to characterize such a procedure as 'ingenious magic,' 'adroit manipulation' and 'a mystifying conversion of very simple linear ratios into a guise of root-rectangles.' There is no such thing as magic. The word is a euphemism for such terms as quackery and charlatanism, which imply deliberate or unconscious deception on the part of the manipulator. The only opportunity for deception in the present case is in the recording of the dimensions of the vases. And, so far as I know, no one has yet charged Mr. Hambidge and his collaborators with deliberate falsification of the evidence."

Speaking as a scientist and physical anthropologist, Professor Hooton is quite right in asserting that he knows of no human skeleton which can be classified as the world's most perfect and that the

1. Marcus Virtruvius Pollio. Roman architect and engineer, in the reign of Augustus, and author of a celebrated work on architecture.

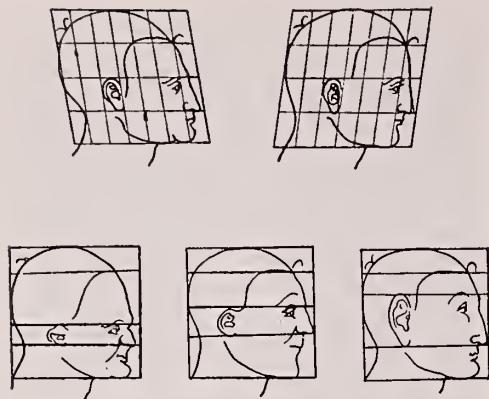


FIG. 5. Application of the principle of coordinates to the study of proportion, illustrating the human face, after Albrecht Dürer (D'Arcy Thompson: *On Growth and Form*). Dürer was familiar with the use of oblique coordinates (upper figures).

whole thing seems to him to be an absurdity. Yet, there is the branch of philosophy, termed aesthetics, which deals with the beautiful, chiefly with respect to theories of its essential character and tests or measurements by which it may be judged. However, it is hopeless, as Benedetto Croce has pointed out, to attempt to solve the problems of aesthetics by the methods of empirical science, although many students of this discipline have explored the question of the most pleasing proportions in geometrical forms and in line divisions (*Encyl. Brit., Aesthetics, 1943*). Hogarth, for example, examined various forms of architecture and the lines of the human figure in search for a norm of beauty which he thought he had found in the serpentine line (*loc. cit., Aesthetics, Experimental. H.S.L.; D.Ka.*). In regard to the human figure, Matila Ghyka remarks that if it is admitted that there is a canon of proportions, the lengths of surfaces observed on a skeleton would be easier to define and measure and would reflect more accurately the mathematical laws of growth than observations made on the body provided with flesh and skin.

In considering the scientific problem of the measurement of form one immediately recalls Sir D'Arcy W. Thompson's important work entitled, *On Growth and*

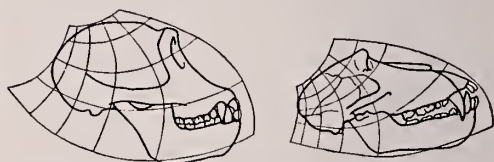
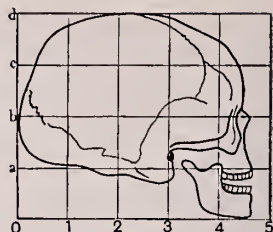


FIG. 6. Comparison of skulls of man, chimpanzee and baboon by inscribing their outlines in Cartesian coordinates (D'Arcy Thompson: *On Growth and Form*). Thompson remarks that these anthropoid skulls which can be transformed one into another by a "continuous transformation" are admirable examples of "topological similitude."

Form (New York: The Macmillan Company, 1917, 1942) and especially chapter XVII² "On the theory of transformations, or the comparison of related forms." Thompson states that, "The study of form may be descriptive merely, or it may become analytical", reaching "through mathematical analysis to mathematical synthesis . . . and passing from the mathematical concept of form in its static aspects to form in its dynamical relations . . . and to an understanding of the forces which give rise to it." The essential task, Thompson continues, lies in the comparison of related forms, by recognizing in one form a definite permutation or deformation of another. This process of comparison finds its solution in the elementary use of the mathematical method of Cartesian coordinates, on which is based the Theory of Transformations. A net of

2. D'Arcy Thompson recognized no significant work as having been done on the subject of this chapter in the 25 years intervening between the two editions, for the figures are the same in both and the text almost identical. In both editions Dürer is erroneously called "Albert", an error which we have taken the liberty of changing.

rectangular, equidistant coordinates about two axes may be altered or deformed in various simple ways which Thompson illustrates with geometrical figures and in reference to the shapes of various leaves, flowers, bones and skulls.

Thompson explains that "an elementary application of coordinates to the study of proportion was in common use in the sixteenth and seventeenth centuries by artists in their study of the human form." "The method", he continues, "is probably much more ancient and may even be classical (cf. Vitruvius, III, 1); it is fully described and put in practice by Albrecht Dürer in his *Geometry* and especially in his *Treatise on Proportions*" (fig. 5).

Thompson proceeds to examine the skulls of a large number of animals by Cartesian coordinates, including the human skull for purposes of comparing it

with the skulls of some higher apes (fig. 6). From this comparison he continues, "we realize that an inherent weakness underlies the anthropologist's method of comparing skulls by reference to a small number of axes", i.e. "facial" and "basiscranial" axes which include between them the "facial angle." Their use neglects, he points out, all that can be learned from the filling in of the rest of the coordinate network.

Needless to say, photographs of the re-discovered "most perfect human skeleton" were dispatched to Dr. da Silva.

The two covers of Hambidge's DIAGONAL are reprinted by permission of the Yale University Press.

Figures and quotations from D'Arcy W. Thompson's ON GROWTH AND FORM reprinted by permission of the Cambridge University Press, Cambridge, England, and New York City.

Harvard Medical Society Meeting

The December meeting of the Harvard Medical Society was held in the Dowling Amphitheatre of the Boston City Hospital. The program was presented by the Boston City Hospital House Officers' Association, Dr. Charles S. Davidson presiding.

The Cardiac Output at Rest in Patients with Laennec's Cirrhosis

By Henry J. Kowalski, M.D., Walter H. Abelman, M.D., and Laurence B. Ellis, M.D.

Increased flow of blood to the periphery in patients with Laennec's cirrhosis is suggested by the frequent occurrence of warm extremities, cutaneous vascular spiders, wide pulse pressure and capillary pulsations in the nail beds. The occasional occurrence of a short circulation time suggests an elevated cardiac output.

In pursuit of these suggestions, estimations of the cardiac output at rest were made by means of the dye injection method of Hamilton in 22 patients with liver disease, 19 of whom had advanced Laennec's cirrhosis and 3 "fatty liver". All gave a history of excessive alcoholic intake and poor diet, and showed no evidence of organic heart disease.

The cardiac indices for the group averaged 4.26 ± 2.73 L/min/m², and ranged from 2.76 to 11.2 L/min/m², surface area being computed on basis of actual weight at time of study. The mean cardiac index of normal subjects in this laboratory is 3.76 ± 0.65 . Seven patients with liver disease exceeded this normal mean by more than two standard deviations. Patients with elevated outputs showed elevated stroke volumes and decreased peripheral resistance, while their direct brachial arterial and antecubital venous pressures were essentially within normal limits. By teleroentgenography their hearts were normal to slightly enlarged.

Elevated cardiac outputs could not be readily explained on the basis of increased oxygen consumption, anemia, thiamine

deficiency, or anxiety, nor could their demonstration be predicted from the extent of anasarca, icterus, derangement of liver function tests, or length of hospitalization prior to study.

The data suggest the existence of an altered hemodynamic state at rest characterized by elevated cardiac output and decreased peripheral resistance in some patients with chronic alcoholism and parenchymal disease of the liver.

Although arterio-venous shunts have been demonstrated in both normal and cirrhotic livers, studies of liver blood flow indicate decreases rather than increases in cirrhosis. It is suggested that the peripheral vascular bed may be the seat of the increased blood flow, and that the cardiovascular system plays a role in the pathogenesis of certain signs and symptoms of the disorder and merits greater attention than hitherto received.

Metabolic Effects of Certain Antibiotics in Man

by G. J. Gabuzda, Jr., George G. Jackson, T. M. Gocke, Benjamin Love, Maxwell Finland and Charles D. Davidson

That antibiotics may influence nutrition in man was suggested by the observation that physical changes resembling those occurring in patients with vitamin B deficiency states occurred in some patients treated with certain antibiotics. As a possible explanation for these phenomena, two general hypotheses were suggested. First, that the nutritional effects may be secondary to alterations produced by the antibiotic in the gastro-intestinal flora, or secondly that the antibiotic may have a direct metabolic effect upon tissue cells.

In the present investigation at the Boston City Hospital, studies were done to determine some of the effects upon metabolism and upon the gastro-intestinal flora of therapeutic doses of antibiotics administered orally to adult men. Three undernourished men with evidence of weight loss, but no signs of systemic disease or

specific nutritional deficiencies were chosen as subjects. During the study periods constant diets were given. Observations were made on nitrogen balance, body weight, stool bacteria, and the excretion of B vitamins. During the control period the subjects gained weight and were in positive nitrogen balance. After five days on 2½ gm aureomycin orally daily, weight was lost and negative nitrogen balance, entirely attributable to urinary nitrogen loss appeared. Elevation of serum non-protein nitrogen to 42-52 mg% at this time suggested that this change could not be attributed to an effect of aureomycin on renal clearance of non-protein nitrogen. In addition, urinary riboflavin, as determined by microbiological assay, increased 2-2½ fold. In the control period following aureomycin, the metabolic changes noted returned toward initial control values, and the patients again gained weight. Excretion of other B vitamins in the urine during the antibiotic period was not significantly altered. Fecal excretion of riboflavin was variably altered, while excretion of folic acid and pyridoxine was regularly decreased.

The fecal flora changed in the patients given antibiotics, but the alterations differed in each patient.

The oral administration of bacitracin and polymyxin, non-absorbable antibiotics, permitted further evaluation of the effect of change in gut flora. Although these drugs produced profound alterations in the fecal flora, no effect upon body weight, nor urinary nitrogen or vitamin excretion was noted. When aureomycin was given in addition to these drugs, no further demonstrable effect on the fecal flora occurred, but the previously observed metabolic changes reappeared.

One patient given "alkaline rearranged" (microbiologically inactive) aureomycin orally showed neither the metabolic changes nor alteration in fecal flora. When active aureomycin was subsequently given, he showed increases in urinary nitrogen excretion and in serum non-protein nitro-

gen which did not revert to control levels following cessation of aureomycin until riboflavin was supplemented orally. However, in subsequent periods the administration of 50 mgm of riboflavin orally daily, before and during aureomycin, failed to prevent the metabolic effects of the latter.

The observations presented do not allow for obvious interpretation. Since riboflavin excretion usually preceded the excretion of nitrogen, it may be that aureomycin interferes directly with riboflavin enzyme systems or alters the renal clearance of this vitamin. Although the studies of fecal flora which were done revealed no alterations which correlated with the observed metabolic changes, this does not preclude the possibility that these changes may be secondary to an influence of aureomycin upon the gastrointestinal flora.

Biophysics of Sick Cell Disease

William B. Castle, John W. Harris,
and Edward H. Kass

There are few instances in medicine in which the clinical and pathological features of a disease have been so strikingly illuminated by biophysical research as in the case of sickle cell anemia. In this hereditary disorder the basis of the more or less constant, often severe hemolytic anemia is manifestly the defective red cells. These have a short survival time when transfused into normal subjects, whereas normal red cells survive normally in patients with sickle cell anemia except in some affected children with large spleens. Active sequestration of sickle cells and congestion of the pulp can be demonstrated in such spleens and because of this process in adults, with time, the organ becomes fibrotic and almost completely disappears. Characteristically, capillary congestion with foci of necrosis in the liver produces episodes of abdominal pain and jaundice; in the kidney cortical infarctions may result in eventual renal failure; in the lungs successive crops of multiple thromboses may cause eventually cor pulmonale; and perivascular lesions resembling Schilder's encephalo-

pathy can be discovered in the brain.

Analysis of the physico-chemical properties of the pathological red cells that determine the clinical aspects of the diseases was significantly advanced by Scriver and Waugh when in 1930 they observed that sickling began *in vitro* only when the oxygen tension of the blood was reduced to that of capillary or venous blood *in vivo*. As the blood sample was further deoxygenated the number of sickle cells increased. In 1940 it was shown at the Thorndike Laboratory that under these circumstances a progressive rise in viscosity of the blood accompanied the sickling process. It was inferred that for the blood flowing through the capillary bed of a respiring tissue, a vicious cycle would be set in motion with metabolic deoxygenation causing increased viscosity and this in turn resulting in stagnation of blood flow and hence in further deoxygenation. This is seemingly the basis of the wide-spread thromboses and infarcts characteristic of the disease.

It was also found that the susceptibility to mechanical trauma of the red cells was enormously increased when they became sickled *in vitro*. Because of this the motion of the circulation presumably accounts for the increased red cell destruction in the patient with the homozygous condition. When the patient is heterozygous for the sickling trait, the red cells begin to sickle only at oxygen tensions well below those of the average tissue, and clinical symptoms as well as anemia are absent. Despite the severe anoxia of intra-uterine life, infants are never affected at birth and rarely until they reach six months of age. This is, as Janet Watson has pointed out, because of the presence of 80 per cent of fetal type hemoglobin at birth, which prevents the cells of the infant from sickling.

Electrophoretic study of normal and sickle cell hemoglobin by Pauling and his associates has demonstrated them to be of distinct molecular varieties. At Johns Hopkins, Sherman had previously found that when sickled, red cells become birefring-

ent, suggesting molecular orientation of the contained reduced hemoglobin. This was established in Boston when a concentrated solution of sickle cell hemoglobin was deoxygenated. Under the phase microscope it was then seen to contain "tactoids", liquid crystals indicating molecular aggregation and alignment, which closely resemble in size and shape sickled red cells. Like the intact red cells themselves such a hemoglobin solution flows easily through a viscosimeter in its oxygenated state but becomes viscous upon deoxygenation. Indeed, it pours with difficulty from one Erlenmeyer flask to another in the absence of oxygen. Tissues fixed with Zenker's fluid rarely exhibit sickling of the red cells. This is due to the presence of mercury which, as with other sulfhydryl inhibitors, inhibits sickling *in vitro*. It is thus of interest that purified sickle cell hemoglobin contains 3, whereas purified normal hemoglobin contains only 2 moles of sulfhydryl per mole of hemoglobin by amperometric titration. We are therefore presented with a disorder, the various manifestations of which seemingly derive ultimately from the physical behavior of sickle cell hemoglobin molecules at the lower oxygen tensions encountered within the physiological range of the capillary bed of the body.

The Stretch Reflex in Parkinsonism

Derek Denny-Brown, H. Seyffarth and
Richard Chambers

New light has been shed upon the abnormal neurological conditions prevailing in Parkinsonism by use of the electromyogram, which is a tracing of electrical potentials obtained by amplification of impulses from a small coaxial needle placed directly in muscle. Correlated with each muscle fiber contraction is the diphasic nerve potential whose characteristic, varying with the geometry of the situation, permit identification of discharges from individual neurons.

In voluntary and reflex movement, a

rhythmical discharge of motor neurons is observed, intensity of response varying directly with the number of nerve cells taking part. The phenomenon of recruitment is therefore expressed as the addition of more and more of such units. When spastic muscle is studied, a gradual decrease in the number of discharging motor units is found to accompany passive stretching, with the complete disappearance of all activity as the muscle ultimately relaxes in the "lengthening" or "clasp knife" reaction. Under conditions of extreme spasticity the "shortening" reaction immediately follows, in the form of a new burst of activity promptly upon relaxation. It is proposed that the original silencing of discharges is the result of inhibition, an adjustment of some sort suppressing many units which finally respond again at a new level and so establish for the stretch reflex a manner of equilibrium.

Parkinsonism differs in several respects from simple spasticity. It presents, in addition to the tremulous rigidity, a continuous resistance to passive motion which gives to the rigidity a plastic equality, and which is present both in flexion and extension. If the patient is completely relaxed, the rigidity eventually disappears. At this stage there is no resistance within a small

range of passive movement—the "free interval."

At this time the electromyogram is free from activity, but as passive motion and stretch is increased an anomalous type of discharge occurs. One unit appears and continues up to a point when it suddenly drops out to be replaced by another. As further passive movement is made, the units begin to drop out and come in together, and this synchronism in the discharge becomes the tremor. Normally occurring recruitment is not seen—replacement of units takes its place, and accounts in part for the phenomenon of plasticity. Stretching serves only to break up this pattern, as eventually the same rhythm reasserts itself.

The essential conflict in Parkinsonism is best demonstrated in the hand, where two intensely antagonistic, autonomous, reflexes are continually active, and combine to give the picture of the pill-rolling tremor. One of these is the stretch reflex from the wrist flexors, the other, an extensor reflex to touch on the palm. It is unnecessary to postulate a tremor or rigidity center, rather attention is directed to disequilibrium between extrapyramidal and pyramidal reflex functions in which determination of the reflexes is at the periphery.

Good News About the Alumni Fund

As this issue of the BULLETIN goes to press the second year of our Alumni Association's project to help the School nears the end of its fiscal year,—July 1st, 1953.

Our second annual report will be mailed to all alumni early in the Fall, and in it will appear the completed results. It is most gratifying, however, to be able to say at this time that our second year's figures will be larger than those of our first. Also a greater per cent of our alumni have, this year, shared in this worthwhile effort. When both the total amount given and the percentage of participation are increased we have good cause to be pleased and encouraged.

I wish to take this opportunity to thank all those who have supported this work of our Association and to assure them that I am most grateful.

THOMAS H. LANMAN, M.D.
Director of Alumni Relations

Birthday Party

Forty is a pleasant age for a man or an institution. Adolescence has been surmounted but youth remains. The Peter Bent Brigham Hospital celebrated its arrival at this milestone on 7, 8, and 9 May 1953. Nearly 700 doctors, nurses, physical therapists, social service workers, and others who have spent a portion of their lives at the Institution assembled for the occasion. A happy balance was struck between professional and social activities. The former opened with a Clinical-Pathological Conference concerning a patient treated in 1913 by both the Medical and Surgical Services. With Dr. James P. O'Hare in the chair the lively and uninhibited discussion which took place, including comments by Dr. John Homans, Sr., Dr. S. Burt Wolbach, Dr. George Thorn, and Dr. Francis Moore will not be soon forgotten by those lucky enough to get a seat. Dr. Augustus Dammin's presentation of the pathologist's findings must have been one of the most complete on record since it was climaxed by the unveiling of the mounted acromegalic skeleton of the patient himself.

Social activities included cocktail parties for the Medical Service at the home of Dr. F. William Marlow and for the Surgical Service at The Country Club. At the latter in a simple and informal ceremony Dr. David Cheever and Dr. John Homans, Sr. were officially informed that two of the new operating rooms now under construction will be named respectively The John Homans and David Cheever rooms. Dr. Homans suggested that if his name is to

be placed over the door to one of these rooms, the simple word "PEACE" might well be added. On the evening of 7 May a satirical musical comedy of professional polish was presented to a packed and enthusiastic house at John Hancock Hall. Weeks of secret rehearsal on the part of the House Staff had preceded this effort which lampooned well-known figures in the hospital's first forty years with a gentle but sure touch. The following evening a cocktail party given by the Trustees was followed by a dinner-dance. On the final morning a surprising number of Brighamites were able to assemble in the hospital amphitheater for the last professional session. This ended with a truly remarkable address listed on the program as "The Old Brighamitis—by J. Englebrigham Dunphy". To the dismay of the weary audience Dr. Dunphy came to the podium with 60 or 70 lantern slides and a manuscript weighing at least a pound. After three minutes of dreary reading, he looked at the audience, announced that he sensed that his paper was not going off very well, and proceeded to tear it into bits. There followed an apparently extempore presentation of certain incidents in the life of the hospital in the past twenty years which can only be described as hilarious.

After forty years it is probably safe to assume, even in conservative New England, that the Brigham is a going concern and will still be here in 1958 when the alumni again will assemble for the 45th family reunion.

T. B. QUIGLEY, '33



FOUR BRIGHAMITES AT THE LUNCHEON



DAVID CHEEVER, '01 REGISTERING

Internships, Class of 1953

Unless otherwise noted all *internships* start July 1, 1953 for one year.

<i>Name</i>	<i>Hospital</i>	<i>Service</i>
Adelstein, S. J.	Peter Bent Brigham, Boston	Medical
Allen, M. B., Jr.	Jefferson Medical College, Philadelphia	Rotating
Anderson, K. F.	Lankenau, Philadelphia	Rotating
Andrews, R. P.	Barnes, St. Louis	Surgical
Andrus, W. W.	King County Hospital System, Seattle	Rotating
Arvidson, R.	Boston City (Boston U. Services)	Medical
Barker, W. L.	Cook County, Chicago	Rotating
Barlow, J. S.	Fellowship in Neurology, Massachusetts General	
Barnett, C. G.	Massachusetts General, Boston	Medical
Bauer, C. H.	San Francisco, U. of Calif. Service	Rotating
Bikoff, Phyllis M.	Kings County, Brooklyn	Pediatrics
Boeck, W. C., Jr.	Los Angeles County	Rotating
Bond, W. F.	Bellevue (I Div.), New York	Surgical
Borst, H. G.	Stanford U. Hosps., San Francisco	Surgical
Boshell, B. R.	Peter Bent Brigham, Boston	Medical
Boyd, F. E.	Boston City (Boston U. Service)	Surgical
Bromberg, P. A.	Peter Bent Brigham, Boston	Medical
Brown, E. W., Jr.	Fellowship	
Cadigan, J. B., Jr.	Boston City	Medical
Carter, E. L.	Massachusetts General, Boston	Surgical
Chastanet, A. A.	Boston City (Tufts Services)	Medical
Chesnut, R. W., Jr.	Baltimore City	Medical
Clark, J. G., Jr.	Swedish, Seattle	Rotating
Coggs, G. C.	Murphy General, Waltham, Mass. (Air Force)	Rotating
Cohen, N.	Beth Israel, Boston	Medical
Cohn, Z. A.	Massachusetts General, Boston	Medical
Coley, G. M.	Peter Bent Brigham, Boston	Surgical
Collins, W. R., Jr.	University Hospital, Ann Arbor, Michigan	Rotating
Colombo, F. V.	Bellevue (I Div.), New York	Surgical
Coulson, W.	U. of California, San Francisco	Surgical
Crisp, N. W., Jr.	U. of Minnesota Hosps., Minneapolis	Surgical
Curtin, V. T.	San Francisco, U. of Calif. Service	Rotating
DeKornfeld, T. J.	University Hospitals, Madison, Wisconsin	Rotating
Ditmore, H. B., Jr.	Massachusetts General, Boston	Surgical
Dolan, T. F., Jr.	Children's Hospital, Boston	Pathology
Drvaric, E. J.	Boston City (Boston U. Service)	Surgical
Earle, A. S.	Peter Bent Brigham, Boston	Surgical
Eaton, D. A.	Roosevelt, New York	Mixed Surgical
Eisenman, G.	Fellowship in Anesthesia, Massachusetts General	
Errera, P. L.	Grace-New Haven Community	Medical
Erwin, J. C.	Harper, Detroit	Rotating
Farrell, J. F.	Roosevelt, New York	Mixed Surgical
Feder, N.	Philadelphia General	Rotating
Federman, D. D.	Massachusetts General, Boston	Medical
Ferguson, E. L.	Massachusetts General, Boston	Surgical
Ficarra, V. F.	New York	Surgical
Fletcher, R. G.	Boston City (V Service)	Surgical
Fordham, H. C.	University Hosps. of Cleveland	Medical
Forrester, J. W.	Barnes, St. Louis	Surgical
Franz, W. L.	Chelsea Naval, Chelsea, Mass. (Navy)	Rotating
Frazier, H. S.	Massachusetts General, Boston	Medical
Gehring, J. R.	Philadelphia General	Rotating
Gelfand, M. I.	Boston City (Boston U. Services)	Medical
Gibson, R. B.	Vanderbilt U., Nashville	Surgical
Goldman, A. G.	Boston City (Boston U. Services)	Medical

<i>Name</i>	<i>Hospital</i>	<i>Service</i>
Gray, D. H.	Roosevelt, New York	Mixed Medical
Haddon, W., Jr.	Philadelphia General	Rotating
Hadley, W. B.	Pennsylvania, Philadelphia	Rotating
Halley, M. M.	U. of Kansas Medical Center, Kansas City	Rotating
Hamilton, C. A.	Nebraska Methodist, Omaha	Rotating
Hansen, F. C., Jr.	University Hosps. of Cleveland	Surgical
Harter, J. G.	Peter Bent Brigham, Boston	Medical
Helfand, Z.	U. of Chicago Clinics	Rotating
Herion, J. C.	North Carolina Memorial, Chapel Hill	Rotating
Holmes, A. E.	North Carolina Memorial, Chapel Hill	Rotating
Horton, J. W.	*Veterans Administration, Los Angeles	Rotating
Hoskins, R. G.	U. of Kansas Medical Center, Kansas City	Rotating
Hotchkiss, J. E., Jr.	Murphy General, Waltham, Mass. (Army)	Rotating
Huffman, S. V.	Walter Reed General, Washington, D. C. (Army)	Rotating
Hughes, C. T., Jr.	Mt. Auburn, Cambridge	Rotating
Hughes, R. E.	Philadelphia General	Rotating
Ito, Tomiko	Children's Hospital, Boston	Pediatrics
Ivins, W. C., Jr.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Jones, T. L., Jr.	Boston City (V Service)	Surgical
Kahn, A.	Mount Sinai, New York	Rotating
Kaitz, A. L.	Beth Israel, Boston	Medical
Karmason, Marilyn G.	Bellevue (II Div.), New York	Medical
Katz, J. H.	Boston City	Medical
Katzman, R.	Boston City	Medical
Kliman, G. W.	U. of California, San Francisco	Medical
Kraut, H. L.	U. of Ill., Research & Educational, Chicago	Rotating
Lampros, G. W.	Boston City (V Service)	Surgical
Leiderman, P. H., Jr.	Beth Israel, Boston	Medical
Lena, P. J.	Evanston Hospital Assoc., Illinois	Rotating
Levinson, G. E.	Boston City	Medical
Levy, A. H.	Boston City	Medical
Lewis, C. E.	U. of Kansas Medical Center, Kansas City	Rotating
Loewenstein, F.	Bellevue (II Div.), New York	Medical
Louria, D. B.	New York	Medical
Low, Iolanda E.	Fellowship in Bacteriology, Harvard Medical School	
Lucas, J. E.	Beth Israel, Boston	Medical
Luck, D. J.	Massachusetts General, Boston	Medical
Malaret, G. E.	Pennsylvania, Philadelphia	Rotating
Mannick, J. A.	Massachusetts General, Boston	Surgical
Martin, C. M.	Boston City	Medical
Masters, R.	Johns Hopkins, Baltimore	Medical
Mautner, W.	Cincinnati General	Rotating
McKittrick, J. E.	Barnes, St. Louis	Surgical
McMillan, M. S.	Lankenau, Philadelphia	Rotating
Medearis, D. N., Jr.	Barnes, St. Louis	Medical (Pvt. Wds.)
Miller, D.	Strong Memorial, Rochester	Pathology
Moore, R. F.	Massachusetts General, Boston	Medical
Morgan, H. C.	Barnes, St. Louis	Surgical
Moss, M.	Johns Hopkins, Baltimore	Obstetrics
Mudd, S. H.	Massachusetts General, Boston	Medical
Nagle, W. C.	Lankenau, Philadelphia	Rotating
Nathanson, N.	U. of Chicago Clinics	Rotating
Nesbet, J. D.	New England Center, Boston	Surgical
Orski, Barbara M.	Peter Bent Brigham, Boston	Medical
Pentlurge, V. H.	Bellevue (I Div.), New York	Medical
Peters, J. I., Jr.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Powell, Virginia E.	Johns Hopkins, Baltimore	Pediatrics
Pruett, H. J., Jr.	Stanford U., San Francisco	Medical
Purpura, D. P.	Presbyterian, New York	Surgical

<i>Name</i>	<i>Hospital</i>	<i>Service</i>
Reese, J. W.	Boston City (Boston U. Service)	Surgical
Ring, H. G.	Barnes, St. Louis	Surgical
Robertson, G. D.	Barnes, St. Louis	Surgical
Rolland, R. S., Jr.	Boston City (Boston U. Service)	Medical
Romanul, F. C. A.	Johns Hopkins, Baltimore	Medical (Pvt. Wds.)
Rosenkrantz, J. G.	Massachusetts General, Boston	Surgical
Rothbell, E. N.	Charles S. Wilson Memorial, Johnson City, N. Y.	Rotating
Rothberg, H. D., Jr.	Massachusetts General, Boston	Medical
Ryan, G. M., Jr.	Boston City (V Service)	Surgical
Sacci, J. B.	Boston City	Medical
Sherman, A. G.	North Carolina Memorial, Chapel Hill	Rotating
Sicular, A.	Mount Sinai, New York	Surgical
Sidman, R. L.	Boston City	Medical
Simon, H. J.	New York	Medical
Smith, G. R., Jr.	Medical College of Virginia Hosps., Richmond	Rotating
Snodgrass, P. J.	Peter Bent Brigham, Boston	Medical
Stamey, C. C.	Children's Hospital, Boston	Pediatrics
Starr, J. L.	Beth Israel, Boston	Medical
Stauffer, J. C.	Boston City	Medical
Stevens, A. B.	Maine General, Portland	Rotating
Temby, W. D.	San Francisco, U. of Calif. Service	Rotating
Thompson, T. N., Jr.	Valley Forge General, Phoenixville, Pa. (Army)	Rotating
Timmons, R. L.	University Hospital, Ann Arbor, Michigan	Rotating
Triedman, L. J.	Rhode Island, Providence	Rotating
Wallach, D. F.	Grace-New Haven Community	Medical
Wallach, Helen D.	Grace-New Haven Community	Medical
Weiner, N.	Boston City	Medical
Whitcomb, J. H.	Children's Hospital, Boston	Pathology
White, R. J.	Peter Bent Brigham, Boston	Surgical
Wolff, J.	Massachusetts General, Boston	Medical
Wysham, D. N.	Massachusetts General, Boston	Medical
Yahia, C.	Grace-New Haven Community	Surgical
Zachary, J. B.	Johns Hopkins, Baltimore	Pediatrics
Zangwill, D. P.	Cleveland City	Rotating

* Two year appointment

ANNUAL ELECTIONS

At the Annual Meeting on May 28, the following officers were appointed to the Harvard Medical Alumni Association:

Lewis W. Hackett, '12, *President* Conrad Wesselhoeft, '11, *President-elect*

Curtis Prout, '41, *Secretary-Treasurer*

The following men were elected by ballot to serve on the Council for the term 1953-1956: J. Englebert Dunphy, '33, Russel H. Patterson, '18, and Richard P. Stetson, '26.

ASSOCIATION OFFICERS

LEWIS W. HACKETT, '12, *President*
 FRANK B. BERRY, '17, *Past-President*
 CONRAD WESSELHOEFF, '11, *President-elect*
 C. SIDNEY BURWELL, '19, *Vice-President*
 CURTIS PROUT, '41, *Secretary-Treasurer*

COUNCILLORS

F. Sargent Cheever, '36
 J. Englebert Dunphy, '33
 Sven M. Gundersen, '29
 Leland S. McKittrick, '18
 Francis D. Moore, '39
 Russel H. Patterson, '18
 H. William Scott, Jr., '41
 Richard P. Stetson, '26
 Richard H. Sweet, '26

Thomas H. Lanman, '16, *Director of*
Alumni Relations

Mr. Peter E. Pratt, *Executive Secretary*
 Harvard Medical School
 Boston 15, Massachusetts

The Skeleton in Our Closet

Be not alarmed, Gentle Reader, in these days of flying saucers, at the whirling squares and dynamic rectangles which ornament the article by Wislocki and Edwards in this issue. Take it firmly in hand, have a seat, read and be rewarded.

Not the least of your rewards will be a realization that the School has a dynamic Department of Anatomy, a Department which, confronted with a skeleton, is not content with prosy descriptions of tuberosities and facets but discerns therein an esthetic form and function.

Having recognized this sterling quality, however, let us amiably take issue with the authors in that we feel they have given us too much of a belly-full of Hambidge. The reduction of the appreciation of beauty to mathematical formulae does not sit well with our profession who are more prone to be interested in the warmer human aspects of *Homo Sapiens*. We

would, therefore, be tempted to agree with Carpenter that Hambidge was deluded and further to suggest that if form must be analyzed mathematically at all it be done by a simpler method such as Hutcheson* used 200 years earlier when he proposed that a compound ratio of uniformity and variety constitutes the sole basis of esthetic experience.

Another rewarding point of interest to be gleaned from the paper is its demonstration of the capriciousness of a reputation. Just as McBurney was immortalized by a trick of fate as the inventor of an incision for appendectomy which MacArthur had used several years before him, so the enthusiasm of an articulate student with an idea has given our skeleton an international reputation, perhaps undeserved, as the World's Most Perfect. Superlatives are newsworthy and are apt to stick. And an unprovable superlative such as this is minded by nobody. But it opens the door invitingly to editorial fantasy.

Since our skeleton has thus achieved a pinnacle of reputation should not some further acknowledgements be dealt around? Here is a possible list. First, the Universal Architect of all Skeletons; second, the "well-known expert" who mounted and prepared it; and last but not least, that robust Parisian of an earlier day whose soul briefly inhabited it.

Since we know nothing of the latter individual, let us speculate on his identity and by that act alone perhaps fulfill a part of our obligation to him. What manner of man was he? The long reach could indicate a prize fighter or a toss-pot. But the presence of all the teeth argues against both callings. Tall for a Frenchman and with a handsome profile may we not be permitted to guess that he was a surgeon? Since all was in such good condition he must have died at an early age. Perhaps he succumbed to septicemia from accidental inoculation during a septic operation.

*Hutcheson. *An Inquiry into the Original of Our Ideas of Beauty and Virtue*. London, 1725, p. 10, Sect. 1, par. 13.

Evidence for all this is slim but it is unlikely that our fancy is roaming further afield than did that of Hambidge in "The Diagonal".

The reader may, on next Alumni Day, be tempted to visit this newly found treasure of the Warren Museum and to form his own opinion. We are indebted to the authors of the article for a stimulating demonstration of erudition, but let us hope for Dr. da Silva's sake that in the preparation of his book on "The Man and the Horse in Art", his researches on the horse's skeleton were less taxing than those on the human.

Honors

It was announced in *The Times* of London on 1 May 1953, that John F. Fulton, '27, Sterling Professor of the History of Medicine, Yale University, was elected a Fellow of the Royal College of Physicians, under a College Bye-Law XXXIX (b) which reads:

"Persons holding a medical qualification, but not Members of the College, who have distinguished themselves in any branch of the Science or practice of Medicine, and who have been previously nominated by the Council as specially eligible, but so that not more than four such persons shall be elected Fellows in any one year".

The new Fellows were admitted on Thursday, 14 May 1953 at 5:45 P.M. The other members admitted under the special Bye-Law are: Geoffrey Keynes, F.R.C.S., Sir Marfarlane Burnet of Australia, and Dr. Charles Laubry of France. Unfortunately, Dr. Fulton was not able to be present at the ceremony, but he has signed the Form of Faith which enables him to be admitted *in absentia*. Dr. Fulton plans to spend the summer in Europe, leaving by air on 27 June, to attend the Fiftieth Anniversary Celebration of the Rhodes Scholarship Trust, the First International Congress of Medical Librarians in London, and in early September, the Fifth International Neurological Congress in Lisbon.

The Royal College of Physicians was

founded in 1518, under charter from King Henry VIII, by Thomas Linacre, the great medical humanist, colleague of Grocyn, Latimer, and Colet, disciples of the New Learning. Since its foundation, the College has been the chief and oldest licensing body of physicians in Britain, and its existence has been continuous since its foundation. The President, Sir Russell Brain, is the newly elected Editor of *Brain*, the British journal of neurology.

James H. Means, '11, was honored by a dinner following the annual Hanau W. Loeb Lecture on March 26 at the St. Louis



EDWARD A. DOISY, M.D., JAMES H. MEANS, '11,
AND ARTHUR E. STRAUSS, '15

University School of Medicine.

Dr. Means, Jackson Professor of Clinical Medicine, *Emeritus*, Harvard Medical School, was the guest speaker for the evening. His topic was, "The Need for Iodine".

The Hanau W. Loeb Lecture is held annually in honor of the late Hanau W. Loeb, who served as Dean of the St. Louis University School of Medicine from 1914 until 1927.

New Appointments

Dean A. Clark, General Director of the Massachusetts General Hospital and a leading authority on medical care and public health, has been appointed Clinical Professor of Preventive Medicine in the Harvard Medical School.



Dr. Clark was Medical Director of the Health Insurance Plan of Greater New York before becoming chief administrator of the Massachusetts General Hospital in 1949, and in 1951 he was appointed a member of the President's Commission on the Health Needs of the Nation.

While continuing as General Director of the Massachusetts General Hospital, Dr. Clark in his new appointment will instruct medical students at the Medical School in preventive medicine and will assist in the teaching of the social aspects of medicine and medical economics.

Dr. Clark has written extensively on medical care, group medical practice, group health insurance and related economic and social aspects of medicine. In 1947, he delivered the "Lectures to the Laity" of the New York Academy of Medicine on the subject, "Economics and Medicine."

As an officer of the U. S. Public Health Service from 1942 to 1945, he served as Chief of the Emergency Medical Section of the Public Health Service and Chief of the Hospital Section of the Office of Civilian Defense. He also was Chief Medical Officer of the U. S. Office of Vocational Rehabilitation. He is a Diplomate of the

American Board of Preventive Medicine and Public Health.

A native of St. Paul, Minn., Dr. Clark was graduated from Princeton University in 1927, received the B.A. and B.Sc. degrees from Oxford University, England, as a Rhodes Scholar and was graduated in 1932 from the Medical School of the Johns Hopkins University. He continued his medical studies in medicine, neurophysiology and psychiatry at Johns Hopkins New York Hospital, Cornell and the Trudeau, N. Y. Sanatorium. In 1939, he conducted a study of medical care in the Appalachian bituminous coal fields.

Regional Activities

CHAPEL HILL

A meeting of Harvard Medical School local alumni was held at Chapel Hill, N. C. on December 1. The meeting was organized by John B. Hickam, '40, with Edward C. Curnen, '35, presiding. About thirty alumni were present including Samuel A. Levine, '14, and Lewis Dexter, '36, from Boston. Cocktails and a delicious dinner were followed by an informal discussion by Doctors Levine and Dexter on various aspects of the Harvard Medical School, its associated hospitals, the teaching system, physical plants, changes in Faculty, etc. The alumni had many questions to ask which made a very enjoyable evening.

NEW YORK

The Harvard Medical Society of New York met on March 12. Lewis H. Bauer, '12, President of the American Medical Association and Mr. Arthur Treacher, a well-known humorist and character actor, were the guest speakers.

At the meeting the following officers were elected to serve for the year 1953-1954: President, George M. Wheatley, '33; Vice-President, John N. Robinson, '31; Secretary-Treasurer, Kenneth W. Thompson, '29; Executive Committee, Irving L. Cabot, '20, Fred H. Shillito, '31 and David S. Speer, '43.

The membership in this Society is composed of Harvard medical alumni living in the New York-New Jersey-Connecticut area. The group meets twice a year at dinner at the Harvard Club, and Harvard medical alumni are cordially invited to attend the dinners. If they are interested in becoming members, they should get in touch with the Secretary, Dr. K. W. Thompson, 20 Main Street, Orange, New Jersey. The next meeting of the Society will be held in October, 1953.

ROCKY MOUNTAIN

At a dinner given in his honor on November 7, Edward D. Churchill, '20, spoke to the "largest and most enthusiastic gathering of Harvard Medical Alumni ever assembled thus far in the brief history of this organization."

A letter was sent to 173 alumni living in two of our Plains States east of us and in seven of our Rocky Mountain States. East and West letters went to alumni from Omaha to Salt Lake City. Of these 173 alumni, 30% are in Colorado, 18% in Utah, 12% in Nebraska and 9% in Kansas. Missouri, Arizona, New Mexico, Wyoming, Montana and Idaho are also well represented. A little over 20% of this total roster attended, with one member making his second visit all the way from Great Falls, Montana. An added and unexpected pleasure too, was the presence of Jean Curran, '21, Dean of the Long Island College of Medicine.

The sixth annual meeting will be held in Denver this autumn. Elliot P. Joslin, '95 will be the speaker. Titles and dates will be announced in the October BULLETIN.



HARVARD MEDICAL ALUMNI DINNER IN DENVER

Book Reviews

THE ANATOMY OF THE NERVOUS SYSTEM, Its Development and Function (Ninth Edition). By Stephen Walter Ranson, M.D., Ph.D. 581 pages with 434 illustrations, 18 in color. Revised by Sam Lillard Clark, M.D., Ph.D. W. B. Saunders Company, Philadelphia and London, 1953. Price \$8.50.

Many years have passed since the late Professor Walter Ranson first introduced his *Anatomy of the Nervous System*. Its success as a textbook may be judged by the fact that many generations of medical students have learned their neuroanatomy from it and that now, under the authorship of Professor Sam Clark of Vanderbilt University the ninth edition has appeared. It can be said with all honesty that this is one of the best known textbooks in North America.

The particular merit of this textbook, that has always recommended it to students and teachers, is the simple, straightforward manner in which the main facts of neuroanatomy are presented. One always had the impression that the anatomical descriptions gained their clarity and conciseness from the thorough scholarship of the author. Professor Ranson was never disposed to undue speculation about the functional significance of anatomical structures even though this would have made the book more entertaining to the student. The present edition retains the style of the earlier ones.

Certain deficiencies that were obvious in the earlier editions, such as the inadequate space given to the diencephalon and the lack of adequate description of the cerebellum, have been corrected. Furthermore, in successive editions a large amount of new data have been incorporated with relatively little increase in the size of the book. The book is comprehensive, but what may be described as a defect arises in part from the fact that so much is attempted in a little more than 500 pages. Some sections have been condensed to such an extent that little more than a tabulation of nuclei or tracts is possible. The book loses continuity and coherence as a consequence.

Despite the effort to bring the book up to date certain sections could be improved. Neurovascular anatomy has not been covered adequately, nor has it been in any of our standard textbooks of neuroanatomy. Considering the importance of this subject to clinical neurology it is surprising to find only a schematic diagram of the major vessels and nowhere a comprehensive account of the vasculature of the brain and spinal cord.

The text is relatively free of errors yet a few

may be found. For example, on page 271 there is a statement that "lesions in the centrum medianum are found in the strange condition known as hemiballismus . . .". In most of the reported cases of hemiballismus the lesion has been in or near the subthalamic nucleus of Luys.

These faults are minor and in general one can only conclude that Professor Clark and the publishers have maintained in this edition the same high standards of the previous editions. The book may be recommended to both undergraduate and graduate students of neuroanatomy.

RAYMOND D. ADAMS, M.D.

GIFFORD'S TEXTBOOK OF OPHTHALMOLOGY (Fifth Edition). By Francis Heed Adler, M.D. 488 pages with 281 figures and 26 color plates. W. B. Saunders Company, Philadelphia and London, 1953. Price \$7.50.

In comparison with an earlier edition of this text, used by the reviewer as a medical student, the present volume is such an improvement that it could not be recognized as the same book. Dr. Adler has sought to provide a source of ophthalmologic information important to the student of medicine in the broad sense of the phrase. He has produced, in attractive format with many illustrative plates, a comprehensive outline of the field. The material presented is extremely practical and the author has eliminated discussions and procedures of interest to ophthalmologists alone.

In general, the chapters follow the anatomical subdivisions of the visual organ and system. A desirable feature is the chapters on the eye in relation to the central nervous system and to the body as a whole. A discussion of indications for surgery and post-operative management provides an excellent orientation for the general physician. The brief chapter on therapeutic agents might well have stressed the necessity for absolute sterility of eye solutions and have reemphasized the dangers of sensitization from prolonged use of local medication, especially in ointment form.

This volume should not only recommend itself to all practicing physicians, but can be read with profit by members of the ophthalmic specialty as well.

HENRY F. ALLEN, '43A

TREATMENT OF MENTAL DISORDER. By Leo Alexander, M.D. 507 pages with 143 figures. W. B. Saunders Company, Philadelphia and London, 1953. Price \$10.00.

This book is presented by the author as being "written for students of medicine and physicians", and as "of special interest for young neuro-

psychiatrists about to enter their period of training." It attempts to encompass the nature and background of mental disorder, giving consideration to the psychological, cultural and somatopsychic factors; forms of treatment available today; indications for treatment; and results with the various forms of treatment.

The chapters on physical treatment are particularly good, and should be of considerable value to the trained psychiatrist who uses, in his practice, the various forms of electric and insulin treatment, and who wishes to know more about psychosurgery. A detailed description of the electrical properties of currents used for treatment is presented. The neurophysiologic aspects of physical treatment are well outlined. The discussion of the neuropathology and of the experimental work in his consideration of the question of brain damage from electric and insulin coma treatment are also excellent.

In the area of psychologic factors, however, this book is particularly weak. The principles of psychologic treatment are very superficially presented, and unfortunately this is preceded earlier in the book by a remark about "the trend to overrate and overstate our ability to modify mental illness by psychologic means." This would undoubtedly tend, though the author may not have so meant it, to bias any student against this form of treatment. In his clinical illustrations, the author also gives the (unintentional, we hope) impression that he considers removal of the presenting symptom as a cure of the mental disorder. In fact, in discussing abreaction, he comments that "additional interpretation or synthesizing . . . is sometimes of entirely secondary importance." This is not the current attitude among psychotherapists or psychoanalysts.

As indicated above, this book is strongly recommended as a technical guide for those concerned with the administration of the physical therapies. As a textbook of treatment of mental disorders for students of medicine and physicians, or for psychiatrists who may desire a general text on the subject, this book cannot be considered as meeting their requirements.

SAMUEL BOJAR, M.D.

PHYSICAL EXAMINATION OF THE SURGICAL PATIENT. By J. Englebert Dunphy and Thomas B. Botsford. 326 pages with 188 illustrations. Philadelphia and London: W. B. Saunders Co., 1953. Price \$7.50

It is refreshing in these days of ballistocardiograms, spectrophotometers and medical gadgets, to encounter a book that emphasizes the fundamental principle of surgical diagnosis—the physical examination. Written primarily for the medical student, it is so complete that any

reader, no matter how wide his experience, will be able to discover some new and valuable item.

This book is not a mere compilation of interesting physical signs. The authors primarily develop the approach to the individual patient and then demonstrate the proper method of physical examination. Salient diagnostic features are illustrated clearly by numerous sketches.

In such a comprehensive book, variations in style and content are bound to occur from chapter to chapter. Certain sections are extraordinarily good. The second portion of the book, devoted entirely to the emergency examination, is new material and is presented in an extremely practical manner. Also, the chapter on the physical examination of the abdomen deserves special commendation since it contains much sage advice that can be learned only from practical experience.

The authors undoubtedly have omitted many signs and may expect a barrage from their interested readers. For example, the sudden bloom of lipstick on the postoperative female patient (or perhaps the male as well) is a more valuable physical sign than the quiet, steady pulse which heralds the onset of Moore Stage III. Some details of technique are not described. Thus, a burning question that has plagued Harvard students for many decades—whether to do a pelvic examination with the right or left hand—should have deserved an oracular and final pronouncement. Others may miss the application of certain familiar names to various phenomena, such as the dorsiflexion test for thrombophlebitis, which probably everywhere else in the world is known as Homan's sign.

All suggestions undoubtedly will be included in the second edition, which surely will be demanded very soon.

CLAUDE E. WELCH, '32

DISEASES OF METABOLISM (Third Edition).

Edited by Garfield G. Duncan. Illustrated. 1179 pages. Philadelphia and London: W. B. Saunders Company, 1952. Price \$15.00.

This is a comprehensive revision of a standard textbook on the normal and disordered processes of metabolism by twenty highly qualified contributors. As in previous editions, the general plan of dealing with normal and pathologic physiology followed by a consideration of clinical topics has been employed. The following general outline has been preserved: (a) a detailed consideration of energy metabolism, and the metabolism of carbohydrate, protein, fat, minerals, and water (b) an extensive discussion of diseases of nutrition, and (c) descriptions of the disorders of carbohydrate metabolism, diabetes insipidus, diseases of lipid and amino-acid me-

tabolism, gout, diseases of the thyroid, renal disorders and porphyrin metabolism.

Extensive revisions have been incorporated into this edition. The chapters on carbohydrate metabolism, water, undernutrition, thyroid, and juvenile diabetes have been rewritten and a new chapter on porphyrin metabolism added. Both subject and author indexes are included. An appendix contains height-weight tables, but tables on nutritive values of foods have been deleted in favor of tables on food exchanges incorporated into the chapter on diabetes mellitus. The book is well illustrated and the publishing is excellent.

The discussion of porphyrin metabolism is authoritative. While the new section on carbohydrate metabolism reflects the special views of the authors, the dynamic aspects of the subject are emphasized providing a stimulating introduction to subsequent clinical considerations. Other additions to the text include numerous references to current usage of corticotrophin and cortisone, the diagnostic and therapeutic application of radioiodine, recent studies in purine metabolism, and a discussion of folic acid, vitamin B 12 and the citrovorum family. The chapter on diabetes mellitus, written by the editor of the text, is an eminently practical discussion of the diagnosis and management of this disease and reflects the wide experience of the author.

In general, the book succeeds admirably in its avowed "aim of bridging the gap between the investigator and the physician treating patients. . . ." However, the sub-title "Detailed Methods of Diagnosis and Treatment" is not consistently fulfilled. For example, the discussion of disordered calcium and phosphorous metabolism can hardly be considered a detailed description of either diagnosis or therapy. The same criticism is also applicable to the section on diseases of the adrenal cortex, and the bare mention of the surgical treatment of hyperthyroidism is unfortunate in a book of this scope. However, one wonders how future editions can cope, in a single volume, with the steady progress of biochemistry and physiology on the one hand, and the permeation of metabolic and endocrinologic concepts and techniques into every branch of medicine on the other. Indeed, the editor and his contributors are to be congratulated on their competent summarization of a rapidly expanding medical field.

DALTON JENKINS, M.D.

PRACTICAL DERMATOLOGY. By George M. Lewis, M.D., F.A.C.P. 328 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1952. Price \$7.50.

"Practical Dermatology" is just what its name implies. As is indicated in the preface it is a text for medical students and a practical guide

for general practitioners. Its avowed purpose is to present as succinctly as possible the clinical features and methods of management of the more common skin disorders with emphasis on accurate diagnosis. Such a purpose has been fulfilled in this text.

It is a little surprising to find no space devoted to histology or physiology of the skin even to the absence of a diagrammatic cross section of the skin. However, a great deal of valuable fundamental information has been put in the first eight pages. The intent has apparently been to eliminate most of the material on basic sciences and in most places controversial discussion has been kept to a minimum. There is an appended bibliography under chapter headings for reference to more detailed information. This has made possible a relatively small text with a large amount of practical information. The excellent and numerous black and white plates and the heavy type used for emphasis throughout the book are exceptionally fine features which make this book of great value. The grouping of diseases under general chapter headings suggesting either their common etiology or common clinical characteristics should aid greatly the orientation of the student.

As a practical guide for the nondermatologist there might be the question of oversimplification for the sake of the brevity necessary to present an extensive subject in 300 pages. Brevity also exists in the discussion of treatment although treatment is quite well outlined under individual diseases. The formulary is fairly complete although not all-inclusive. Other sources would need to be consulted for greater detail of treatment.

Dr. Lewis has written a book which fills a definite need in presenting a complete and concise manual of dermatology which is authoritative and extremely readable. This book should be of much practical value to students and general practitioners.

C. GUY LANE, '08
BASIL C. GRAY, M.D.

A MANUAL OF CLINICAL ALLERGY. By John M. Sheldon, M.D., Robert G. Lovell, M.D. and Kenneth P. Mathews, M.D. 413 pages with 27 figures. Philadelphia & London: W. B. Saunders Company, 1953. Price \$8.50.

Making reference books is a duty, a labour, and can be a pleasure. The authors of this manual, which embodies the actual practices used in the University of Michigan department of allergy, have brought a welcome freshness to these three humors. Like many medical books, this one has grown from tested lecture material. On the other hand it is not a text in differential diagnosis of

obscure problems in allergy, but rather it is a practical supplement to such treatises. Although attractively brief and free of controversial theory, it embodies a wide range of useful information, both for the internist sincerely interested in part-time allergy work and for the allergy specialist.

Such things as method of history taking (allergists are often the detectives in medicine), the mechanics of preparing testing material, and the necessary equipment for office and laboratory are clearly set forth. Ample discussion of the new fields of pulmonary function and endocrinology in allergy is given to bring the reader abreast of modern trends. For those who want graphic instruction there is a liberal sprinkling of plant pictures, tables, and outlines, all served by an excellent index. These features make the book readable even for the physician who has long looked upon allergy with skepticism. One cannot but be impressed by the well-tested methodology of modern allergy which is given in this book. It will be especially useful to the medical man who intends to do or is already doing some work in the field of allergy.

C. B. FAVOUR, M.D.

Correspondence

To the Editor:

Yesterday came the April BULLETIN and I was agreeably surprised and pleased at the very readable article the editor has presented the reader on my humble and active life which seems to have risen to the top in a matter of years. You said so many nice things about me and my course at Harvard no wonder I hold my head high today and shall always try to be worthy of your kind remarks. You must excuse the pencil as I am only sitting up a brief time each day, having only recently returned from the Naval Hospital—diagnosis—osteomyelitis—tarsal bones right foot. I regret exceedingly I cannot come to the Alumni Dinner and Meetings and see all you kind gentlemen, but I shall be present in spirit and enjoying the exercises.

JOHN W. BAKER, '81

* * *

To the Editor:

After reading your "Correspondence" column in the April number, I hasten to fall into line and make my emendation on Mr. Bulfinch's epic-making article.

My comment is on the One Who Has Arrived—let him not forget First Principles, for even he may make a fool of himself. I am thinking of ward rounds at Radcliffe Infirmary in Oxford,

in the spring of 1919. The One Who Had Arrived—God rest his spirit—didn't need any help from his juniors; he stepped into it himself:

As we went into the ward, he led the way to the first patient's bed. It was warm and the patient was lying there in his pajamas with the bed clothes down and his feet exposed, showing a beautiful example of ichthyosis. The famous teacher did the subject full justice in his usual, thorough manner. But as he finished and we started to move on to the next bed the patient said, "But, doctor, I came in for stomach trouble—that rough skin doesn't bother me." The doctor's name was Osler.

JOSEPH K. SURLS, '17

* * *

To the Editor:

Perhaps I am speaking for many if I suggest that the article in the April BULLETIN of "a trip to Mexico" might stand as a monument to why the "suave Frenchman," the "good German," and the "flash-happy Spaniard" often think of the "rich, heavy-handed, best-in-the-world American." That a trip to Mexico should be reported largely in terms of technical inadequacies in translation systems and slide projectors seems to overstress certain trivia; and that the Mexican Social Security System should be dismissed as "anathema to many" (the author obviously included) seems hardly in the spirit of examining the data before making judgments of one's hosts.

As long as we feel comfortable speaking of our "more efficient and more realistic practices" provided of course that we make a bow to the Mexican's "greatness of spirit," and as long as we see the Mexican's lack of dexterity with slide projectors as a natural result of his Latin American preference for "high-sounding oratory"; I am afraid that there will be many people in Mexico and almost anywhere else in the world who will continue to see little good in America and Americans.

FRED EHRLICH, '55

TO THE EDITOR:

There is no doubt that the Medical School is in serious financial trouble. There is also no doubt that something must be done about it. The diagnosis is clear and the treatment is obvious. A large sum of money must be secured and a larger annual income provided. The source of the money is the crux of the matter, and in simplest terms the question resolves itself as to whether the money is coming from private donations or from the Government through tax funds. The former is much to be preferred, but is it possible or feasible as a long term policy?

Let us examine the times in which we live in relation to this problem. In the past three decades, science in general, and medicine in particular, have advanced more rapidly than at any previous time in the history of the human race.

On the one hand, we have nuclear fission which has been aptly compared to giving a two-year-old dynamite caps to play with. On the other hand, we have antibiotics, insulin, DDT, and a host of other public health and individual techniques which have at once amazingly decreased infant mortality, prolonged life, and have increased astronomically the cost of medical care and the education of the doctor.

Ten years ago the patient with bacterial endocarditis had a few blood cultures taken in a doctor's office to confirm the diagnosis and went home to await the inevitable. Today, he receives in a hospital vast amounts of antibiotics together with numerous complex diagnostic procedures and almost always leaves the hospital cured but often financially ruined.

At the same time the Government with the consent of the people has for two decades deliberately cheapened the dollar.

Doctors must remember that they are servants of the people. They advise and treat only with the permission and cooperation of patients. As in Government the people get what they want. The people obviously want inflation and socialism in varying degrees and they obviously want the cost of medical care at least reduced, if not borne completely by taxation. It would appear that the average citizen is incapable of thinking very often in terms beyond his own personal needs and desires. The philosophy of the times is to look out for yourself, to Hell with the other fellow. One need not look any further than the present outrageous situation in the Veteran's Administration with regard to non-service connected illnesses for confirmation of the concept. Whatever the profession may think of the remarkable experiment now in progress in Great Britain it is perfectly obvious that the people like it and it will, therefore, remain in some form, whatever happens to the national economy. As the late great Al Smith said, "Nobody shoots Santa Claus."

It would, therefore, appear that a sort of homogenization of society is taking place at a rather rapid rate. Security seems to be desired above all else and increasing penalties and obstacles appear in the path of individual enterprise. With regard to medicine in particular, it would appear that this homogenization will inevitably result in some form of state subsidization. Individual enterprise will no longer carry sufficient rewards to make it justifiable. Medicine's progress well ahead of politics and economics will be halted until such time as they advance to the same point. The cream, in other words, will no longer rise to the top.

In view of all these considerations it would seem that a paraphrase of the ancient Chinese proverb would apply: "When defeat is inevitable, relax and enjoy it."

While attempts to remedy the financial state

of the Medical School by private gifts should not be abandoned, their ultimate success is most unlikely, and a planned, careful acceptance of Federal funds should be embarked upon, always with the thought in mind that the intellectual freedom of the Medical School must be maintained at long as possible at the highest possible level.

ECCLESIASTES, JR. '33

Ed: Dear Ecclesiastes, Jr. of the Class of 1933:

Do not be so easily discouraged. Of course the alumni cannot solve the total problem of the cost of medical education. But Harvard is not yet finished—these *are* crucial years but HMS can ride them out successfully and maintain its position in the forefront of medical education, if the alumni support is forthcoming. \$150,000 hard cash from the alumni each year will make the difference between steady progress and unfortunate retrenchment. Your dollars are needed. Relax and enjoy giving them.

Necrology

1885

CHARLES AIRMET DE LAND died at Warren, Mass., April 27, 1953.

1902

ROBERT LAURENT DE NORMANDIE died at Woodstock, Vermont, April 20, 1953.

1917

HENRY ALDEN BUNKER died at New York City, March 19, 1953.

EDGAR CHARLES COOK died at Mendota, Illinois, recently.

1918

CHARLES CARR MORRISON, JR. died at Bar Harbor, Maine, April 13, 1953.

1919

WILLIAM HARRIS died at New York City, April 7, 1953.

1926

ROBERT CONVERY died at Newark, N. J., March, 1952.

1935

ANDREW YEOMANS died at White River Junction, Vermont, April 17, 1953.

